

**IDAHO STATE BOARD OF COSMETOLOGY**  
**APPLICATION FOR INSTRUCTOR LICENSURE**

**NOTICE**

As noted in § 54-816, Idaho Code, the board may either refuse to issue or renew, or may suspend or revoke, a permit or license for any of the following causes: The conviction of a felony; Malpractice or in-competency; Continued practice by a person knowingly having an infectious or contagious disease; False or deceptive statements in advertising; Habitual use of habit-forming drugs; Immoral or unprofessional conduct; Submitting a fraudulent application or obtaining a license or permit through fraud; The violation of any other provision of the cosmetology laws or rules.

**INSTRUCTIONS**

All requested information must be provided and all questions must be answered. Failure to complete the application will result in its return to you.

**Method #1** - If you are applying for an instructor license based on experience and training, you must pass the instructor examination and document the number of years you have practiced under licensure and any training received as a student instructor. Experience documentation must include the name and address of all businesses in which you obtained the experience; and the beginning and ending dates of experience for each business listed. All training received as a student instructor must be documented by an original student record of instruction, noting the name and address of the school and signed by an instructor or owner of the school. If you have more than 1 year, but less than 2 years of experience, you must document 6 months of student instructor training. If you have more than 2 years, but less than 5 years of experience, you must document 3 months of student instructor training. If you have 5 or more years of experience, student instructor training is not required. Your application must include the examination fee and the original license fee.

**Method #2** - If you are applying for an instructor license based on college credits, you must submit a certified transcript of no less than twelve (12) semester credits or the equivalent as outlined in Rule 600. If the credits are approved, the full examination will not be required. The Board has ruled that **all applicants must pass the Idaho Jurisprudence examination covering both laws & rules**, prior to licensure as noted under Rule 450. Your application must include the instructor application fee and the original license fee.

**Endorsement** - If you are applying for instructor licensure by endorsement or examination based on a license from another state, etc., your application must include the original license fee, acceptable proof of birth, and either the endorsement fee or the examination fee. The Bureau of Occupational Licenses must receive certification of your licensure as an instructor directly from the licensing agency that issued your license, before your application will be processed. Certification of your licensure must include an itemized record of instruction that shows the total hours of instruction, and the services completed during training. You are responsible for requesting certification from the agency that issued your license. Applicants from AK, CO, CN, D.C., FL, GA, IL, MD, MA, MI, NY, NC, OH, OK, OR, TX, UT, VT, VA, WA, Puerto Rico, and other territories and countries must also submit proof of a minimum 10<sup>th</sup> grade education or it's equivalent. To qualify for instructor endorsement, you must hold a current instructor license issued by the licensing authority of another state, country, etc., and:

1. You must document twelve (12) semester college credit hours obtained from the Education Department, Speech Communications Department &/or the Psychology/Sociology Department and other credit at the discretion of the Board..

OR

2. You must document satisfactory completion of teaching seminars in cosmetology or electrology/esthetics, which must be approved by the board. Fourteen (14) clock hours in an approved seminar is equivalent to one (1) semester college credit hour.

AND

3. You must verify satisfactory teaching experience as a qualified instructor in another state. Said experience shall be no less than three (3) years of the previous five (5) years immediately prior to application.

The State of Idaho Cosmetology Laws and Rules may be downloaded at: <http://www2.state.id.us/ibol/cos.htm>

ENDORSEMENT APPLICATION FEE	\$100.00	EXAMINATION FEE	\$ 75.00
ORIGINAL INSTRUCTOR LICENSE	\$ 30.00 (\$5.00 if you hold a current Idaho RC, EST, EE, or NT license)		
FEES ARE NONREFUNDABLE			

**A.D.A. NOTICE**

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current medical documentation identifying your disability and supporting the need for the accommodations being requested.

Questions regarding this application or the requirements for licensure may be addressed to:

**COSMETOLOGY FACILITIES - BUREAU OF OCCUPATIONAL LICENSES**

**1109 Main St., Suite 220, Boise, Idaho 83702**

e-mail – [cos@ibol.state.id.us](mailto:cos@ibol.state.id.us)

# APPLICATION FOR INSTRUCTOR LICENSURE

☐ Cosmetology                      ☐ Nail Technology                      ☐ Esthetics                      ☐ Electrology

in the State of Idaho under the provisions of Title 54, Chapter 8, Idaho Code as amended.

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## ADDENDUM

**A. CHARACTER REFERENCES:** Please provide the names and addresses of three character references below.

_____	_____	_____
_____	_____	_____
_____	_____	_____

**B. WORK EXPERIENCE:** List your work experience including employers names, addresses, phone numbers and dates of practice.

NAME OF SHOP \_\_\_\_\_ EMPLOYERS NAME \_\_\_\_\_

ADDRESS of SHOP \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DATES of PRACTICE \_\_\_\_\_ TO \_\_\_\_\_

NAME OF SHOP \_\_\_\_\_ EMPLOYERS NAME \_\_\_\_\_

ADDRESS of SHOP \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DATES of PRACTICE \_\_\_\_\_ TO \_\_\_\_\_

NAME OF SHOP \_\_\_\_\_ EMPLOYERS NAME \_\_\_\_\_

ADDRESS of SHOP \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DATES of PRACTICE \_\_\_\_\_ TO \_\_\_\_\_

If more space is needed, attach a separate sheet of paper

\_\_\_\_\_

**C. PHOTOGRAPH:** Attach an original passport photograph of yourself below.

ATTACH PHOTOGRAPH HERE

HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_

EYE COLOR \_\_\_\_\_

HAIR COLOR \_\_\_\_\_

OTHER DISTINGUISHING FEATURES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_